# MULTIPLE DEPENDENT CLAIM
## FEE CALCULATION SHEET
### (FOR USE WITH FORM PTO-875)

**SERIAL NO.** 10/539703

**FILING DATE**

**APPLICANT**

## CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | ↓ | ↓ | | ↓ | | | TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | | ← | | ← | | ← | | TOTAL DEP. | | ← | | ← | | ← |
| TOTAL CLAIMS | | | | | | | | TOTAL CLAIMS | | | | | | |

BEST AVAILABLE COPY